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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/037,036 10/25/2001 Jonathan S. Stinson S63.2-9919-US01 5380 TITLE OF INVENTION: BALLOON EXPANDABLE POLYMER STENT WITH REDUCED ELASTIC RECOIL								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	Е ГБЕ ТОТ	AL FEE(S) DUE	DATE	DUE
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EXAMINER		ART UNIT	CLASS-SUBCLASS					
NGUYEN, VI X		3734	623-001150					
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee dam will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Boston Scientific Scimed, Inc. Maple Grove, MN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
Please check the appropri	ate assignee category or							
4a. The following fee(s) are submitted: State See			 ib. Payment of Pec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form). 					
5. Change in Entity Stat		- c 17 CED 1 27	☐ b. Applicant is no los	nger claiming SM	ALL ENTITY	status. See 37 C	FR 1.27(g)(2).	other party in
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Authorized Signature	MMM		- -	Date 10	1921	<u>8c</u>		 .
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This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but firginia 22313-1450. DC 113-1450.	FR 1.311. The informat U.S.C. 122 and 37 CFF USPTO. Time will van den, should be sent to the NOT SEND FEES OR	ion is required to obtain or a 1.14. This collection is e y depending upon the induction office Chief Information Office COMPLETED FORMS	retain a benefit by stimated to take 1. vidual case. Any cer, U.S. Patent an TO THIS ADDRE	the public who is minutes to comments on the trademark (SS. SEND TO)	ich is to file (an emplete, includi he amount of to office, U.S. De Commissioner	nd by the USPI ng gathering. p ime you requir partment of Co r for Patents, P	reparing, and to complete mmerce, P.O. O. Box 1450,

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